

**Skagit OT Studio
Consent Form**

Client Name: _____ Date of Birth: _____

Address: _____

Consent for Treatment

I, the undersigned parent or legal guardian of the above named client, consent to and authorize Skagit OT Studio to provide occupational therapy as prescribed by the client's physician.

Consent for Use of Electronic Communication

I, the undersigned parent or legal guardian of the above named client, consent to and authorize the use of e-mail, cell phone and/or fax as a means of communication between Skagit OT Studio and myself, or others whom Skagit OT Studio has a current signed Release of Information (ie: client's school staff, physician, etc.) regarding the above named client. I understand that e-mail, cell phones and fax machines are not secure modes of communication and I accept this potential privacy risk. I understand that I may revoke this consent at any time in writing.

Consent for Use of Videotape/Photograph

I, the undersigned parent or legal guardian of the above named client, consent to and authorize the use of video taping, or photographing for the sole purpose of occupational therapy treatment.

Notice of Privacy Practices

I, the undersigned parent or legal guardian of the above named client, confirm that I have received a copy of the Notice of Privacy Practices. The notice describes how the client's health information may be used or disclosed. I understand that I should read it carefully. I am aware that the notice may be changed at any time. I may obtain a revised copy of the notice from Skagit OT Studio.

Signature of Parent or Legal Guardian

Relationship to Client

Printed Name of Parent or Guardian

Date